



FINANCIAL POLICY

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

- 1) On arrival, please check in at the front desk and present your **current insurance card at every visit**. If the insurance company that you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan.
- 2) We require a credit card on file for all patients (**Please see the Credit Card on File Policy**)
- 3) It is your responsibility to inform your insurance company that we are your primary care physicians as of this date. If this is not done, you may be financially responsible for the visit.
- 4) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and co-insurances. These payments are due at time of service.
- 5) Co-payments are due at time of service.. A **\$10 processing fee (or service fee)** will be charged in addition to your co-payment if the co-payment is not paid in full at time of service.
- 6) We file claims as a courtesy. If claims are unpaid after 90 days, they will be referred to a collection agency. Please be sure to follow up with your insurance company regarding claim status. You are responsible for any balance on your account.
- 7) It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if a pre-authorization is required prior to a procedure, and which services are covered.
- 8) Not all services provided by our office are covered by every insurance plan. Any service determined to not be covered by your insurance plan will be your financial responsibility.
- 9) If our physicians do not participate in your insurance plan or if you do not have health insurance, payment in full is expected from you at the time of your office visit. Payment plans are available on a case by case basis, please speak with our staff for further information.
- 10) Any and all patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due *within* 10 business days of your receipt of your bill.
- 11) If previous arrangements have not been made with our finance office, any account balance outstanding greater than 28 days may be charged a \$10 re-bill fee. Any balance over 90 days will be forwarded to a collection agency.
- 12) If you participate in a high-deductible health plan, we require a copy of the health savings account debit/credit card or a personal credit card remain on file. (**Please see the Credit Card on File Policy**)
- 13) For scheduled appointments, **prior balances must be paid prior to the visit**.
- 14) We require 24hr to 48hr notice for canceling any appointments, depending on the type of appointment. Failure to do so may result in a charge to your account, depending on the type of appointment. The notice requirements and the fees are as follows:
Office/I.V. Infusion visit- less than 24hour notice:\$25 Fee
Nutritionist visit-less than 24hr notice:\$75 Fee
Ultrasound visit-less than 48hr notice:\$75 Fee
Nuclear Stress Test visit-less than 48th notice:\$200
No Show : \$25 Fee

- 15) A **\$35** fee will be charged for any checks returned for NSF, plus any bank fees incurred by us.
- 16) If you or your child has school, camp, or sport forms to be completed, there is a **\$25** charge per form. Payment is due when the forms are dropped off. If you or your child has not had a physical or been seen in 1 year in our clinic, then you will be required to make an office visit to be seen so accurate health information can be collected and filled in the respective forms.

Pre-Authorization for Deductibles & Other Payments

As you may be aware, the current economic and health care changes have resulted in employers selecting health care insurance policies with high deductibles. Furthermore, most insurance plans require deductibles and co-payments not known to you or us at the time of your visit. All we're asking for is a guarantee of payment as well as trying to provide convenience for you; therefore, it is the policy of this office to keep a **credit card on file**.

You give us pre-authorization to charge your credit card with a designated maximum amount. You will receive email notification and receipt when your credit card is charged. Examples of situations in which we will bill your credit card include:

1. You instruct us to bill your credit card for any outstanding balance, OR
2. You forgot your credit card and would like for your co-payment to be charged to a credit card on file, OR
3. Your balance is past due OR
4. Your insurance card is invalid and you do not have another insurance

The following patients are exempt from having a credit card on file:

1. Patients that are self-pay will not be required to place a credit card on file. Payment in full is expected at the day of the visit.
2. Patients with insurance willing to pay 100% of the visit at the time of services rendered will not be required to place a credit card on file. Any credits remaining on the account, once the insurance claim has been adjusted, will be sent to you via check at the address provided.

Assurances from Us:

1. We assure you utmost security of transactions and information provided by our Electronic Health Record, Athena Health and our Credit Card Processing company, Elavon--both of whom are leaders in their industry
2. You can put a maximum annual limit to be billed in a 12 month period
3. You can set up a payment plan and specify maximum amount to be billed at each transaction to help better manage your payments.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Responsible Party Name & Signature

_____/_____/_____
Date

3925-A Johns Creek Court, Suwanee, GA 30024
3970 Deputy Bill Cantrell Memorial Rd, #220, Cumming, GA 30040

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